



**CITY OF SUNNYVALE
BMR RENTAL HOUSING PROGRAM**

**456 W. Olive Avenue
Sunnyvale, CA 94086
(408) 730-7456
Fax: (408) 737-4906**

APPLICATION TO RENT A BMR UNIT

APPLICANT: _____ **CO-APPLICANT:** _____

APPLICATION TO RENT A BMR UNIT AT _____
(Complex Name)

Application Date: _____

I. APPLICANT CONTACT AND EMPLOYER INFORMATION

Applicant Name (Print Clearly)

_____ Last Name _____ First _____ Initial _____

_____ Current Address _____ City _____ State _____ Zip _____

_____ Prior Address _____ City _____ State _____ Zip _____

_____ Home Phone Number _____ Work Phone Number _____ Cell Number _____

Number of Years at Current Address: _____
_____ Job Title/Occupation _____

_____ Name of Employer _____ Address _____ City _____

Provide other names you have used or been known as within the past 5 years:

Email: _____

Co-Applicant Name (Print Clearly)

_____	_____	_____	
Last Name	First	Initial	
_____	_____	_____	_____
Current Address	City	State	Zip
_____	_____	_____	_____
Prior Address	City	State	Zip
_____	_____	_____	
Home Phone Number	Work Phone Number	Cell Number	
Number of Years at Current Address: _____			

Job Title/Occupation			
_____	_____	_____	
Name of Employer	Address	City	
Provide other names you have used or been known as within the past 5 years:			

Email: _____			

II. CHECKLIST OF ATTACHED DOCUMENTATION

In the following form, please mark the requested documentation that is attached to verify application information.

Verifiable Documentation * (Attached –Mark with a Check (√) If not applicable, enter N/A (Not Applicable))	Applicant	Co-Applicant
Section 1. CITIZENSHIP OR LEGAL RESIDENCY		
Natural-Born U. S. Citizen – Birth Certificate AND California Driver's License or California Identification Card		
Naturalized U.S. Citizen – Copy of Naturalization or Valid U. S. Passport AND California Driver's License or California Identification Card		
U.S. Form I-551 or I-151		
U.S. Form I-94		
Other *NOTE: J-1 VISA NOT ELIGIBLE		

Verifiable Documentation * (Attached –Mark with a Check (√) If not applicable, enter N/A (Not Applicable))	Applicant	Co-Applicant
Section 2. INCOME		
Federal Tax Returns (Signed and dated)		
Copies of Last 3 paychecks <u>for each of the applicants</u>		
Self employment – signed and dated Federal Tax Returns or, if in business less than 1 year, Profit/Loss Statement from licensed accounting professional		
Pension/VA/Retirement/Annuities Verification		
Social Security Verification		
Disability/SSI/Unemployment Verification		
Spousal/Child Support: Interlocutory Decree		
Dividends, Interest: copies of 2 recent statements		
Recurring contributions from other sources verification		
Other source: verification		
Section 3. ASSETS (NOTE: Retirement funds, e.g. 401K, 457, IRAs, not counted in assets)		
Checking Accounts: copies of 2 statements		
Savings Accounts: copies of 2 statements		
Mutual Fund/Money Market Fund: copies of 2 statements		
Certificates of Deposit: copies of 2 statements		
Stocks: copy of Certificates or Proof of Purchase and current statement plus documentation of current value (online, newspaper)		
Bonds, including savings bonds: (List of Bonds with Amount & Serial #)		
Real estate property/mobile home: loan statement, letter from licensed broker or bank estimating market value		
Other assets with value greater than \$10,000: appraisals, and other verification		
Section 4. PRIORITY PREFERENCES ON BMR RENTAL WAIT LIST		
Attached –Mark with a Check (√). If not applicable, enter N/A (Not Applicable)		

Preference Category	Accepted Supporting Documentation	Applicant	Co-Applicant
Reside in Sunnyvale/Number of Years	<ul style="list-style-type: none"> Copies of current and past leases, residential telephone bills for land Signed tax returns Written statement from landlord or property manager indicating length of time at that address 		
Work in Sunnyvale/number of years	<ul style="list-style-type: none"> Copies of paycheck(s) IRS or 1099s Employment Verification from HR 		
City of Sunnyvale Employee/number of years	<ul style="list-style-type: none"> Copy of paycheck Employment/Tenure Verification from HR 		
School District Employee in Sunnyvale	<ul style="list-style-type: none"> Copy of paycheck; W-2s Employment Verification from HR 		
<ul style="list-style-type: none"> Sunnyvale Certified child care teachers Sunnyvale Service Industry Sunnyvale Health care workers Other non-City public service employee 	<ul style="list-style-type: none"> Copy of paycheck; W-2s Employment Verification from HR 		
Resident of at-risk assisted unit	Proof of residency (Contact Housing Division (408) 730-7456 for verification)		
Resident of BMR Rental	Proof of Residency- Statement from Rental Property Manager		
Current or former resident of a housing or mobile home park lost due to redevelopment or conversion	Proof of Residency		
Single Parent Households	Signed Tax Returns		
Number of Children under 12	<ul style="list-style-type: none"> Birth Certificates of children and/or Custody decree from divorce parents 		
Chronically Ill Persons including those with HIV and mental illness	Letter from Physician in specialty of illness claimed or Evidence of SSI		
Disabled	<ul style="list-style-type: none"> Federal/State ID Card and/or Evidence of SSI 		
Displaced teenage parents (or expectant teenage parents)	Medical proof of pregnancy		
Homeless or at-risk of becoming homeless	Documentation from homeless services agency		
Seniors (over 55 years old)	<ul style="list-style-type: none"> Birth certificate Driver's license Passport 		

III. CITIZENSHIP OR LEGAL RESIDENCY

Applicant is a: _____ U.S. Citizen _____ Resident Alien _____ Other _____

Alien Registration Number _____

Co-Applicant is a: _____ U.S. Citizen _____ Resident Alien _____ Other _____

Alien Registration Number _____

IV. INCOME

Eligibility for the program is based solely on the total income of all members of the household anticipate receiving over the 12-month period beginning on the date the unit will be occupied. Please list all sources of income for each member of the household (18 years of age or older) from each income category listed below.

CATEGORY OF INCOME	Applicant		Co-Applicant	
	Past Year	Year-To-Date	Past Year	Year-To Date
Wages, Salaries, Tips, etc.				
Business Income				
Interest & Dividend Income				
Retirement & Insurance Income				
Unemployment & Disability Income				
Welfare Assistance				
Alimony, Child Support & Gift Income				
Armed Forces Income				
Other				
TOTALS	\$	\$	\$	\$

OTHER HOUSEHOLD MEMBERS' INCOME INFORMATION (IF APPLICABLE)

CATEGORY OF INCOME	HOUSEHOLD MEMBER		HOUSEHOLD MEMBER	
	Name: _____		Name: _____	
	Past Year	Year-To-Date	Past Year	Year-To Date
Wages, Salaries, Tips, etc.				
Business Income				
Interest & Dividend Income				
Retirement & Insurance Income				
Unemployment & Disability Income				
Welfare Assistance				
Alimony, Child Support & Gift Income				
Armed Forces Income				
Other				
TOTALS	\$	\$	\$	\$

V. ASSETS

ASSETS: LIQUID ASSETS READILY AVAILABLE (Do not include 401, 457, IRA and other retirement accounts)

1. Cash held in Savings and Checking Accounts

a. Savings – Institution (s)	Account No.	Amount	
			\$
b. Checking – Institution(s)	Account No.	Amount	
			\$
			\$
c. Other Cash on Hand		Amount	
			\$
2. Cash Value of Revocable Trusts: Amount			\$

3. Cash Value of Stocks (including Options/Bonds)

a. Mutual Funds/Money Market - Institution(s)	Account No.	Amount	
			\$
b. Stocks and Bonds (incl. Savings bonds) – value as of date of application (Attach list)			\$
c. Certificates of Deposit (Attach list)			\$
4. Equity in rental property or other capital investments, real property presently owned-estimated market value less outstanding debt. (Attach list)			\$
5. Lump sum or one-time receipts such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements			\$
6. Other personal assets with cash value greater than \$10,000: do not include furniture, autos, jewelry, or antiques (Attach list)			\$
TOTAL LIQUID ASSETS			\$

VI. HOUSEHOLD INFORMATION

Please provide the following information for each person will who reside in the unit:

OTHER HOUSEHOLD MEMBERS: Include Applicant and Co-Applicant. *Please Print Clearly*

NAME	BIRTH DATE	AGE	SEX	RELATIONSHIP TO APPLICANT(S)
_____	_____	_____	_____	_____
(Applicant)				
_____	_____	_____	_____	_____
(Co-Applicant)				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Attach documentation confirming any specific arrangements that affect household composition, e.g. joint custody of children under 18, pregnancy or adoption.

Please select the following information that applies to your household:

APPLICANT(S) ETHNICITY AND RACIAL DATA

1. Ethnicity	2. Race	
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> American Indian & Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Asian	<input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> White

VII. PRIORITY PREFERENCES

Please check all of the following that apply and provide the number of years if applicable. **DO NOT CHECK A PREFERENCE IF NO VERIFIABLE DOCUMENTATION IS AVAILABLE.**

Check where applicable	Preference Characteristics	Number of Months	Points (For Office Use)
A. PREFERENCE DUE TO COMMUNITY CONTRIBUTION			
	Reside in Sunnyvale		
	Work in Sunnyvale		
B. PREFERENCE DUE TO EMPLOYMENT			
	City of Sunnyvale Employee		
	School District employee working in schools with a majority of Sunnyvale residents		
	Certified child care teacher working at a licensed child care center in Sunnyvale or at a child care center operated by school district that serve Sunnyvale residents		
		(Y/N)	
	Sunnyvale service occupation worker (an employee in a service occupation engaged in providing personal services, rather than tangible objects in businesses, such as mechanics, car washer, wait person)		
	Sunnyvale health care worker (e.g. home health care aides, staff in convalescent homes and assisted living facilities)		
	Other non-City public service employee (e.g. Santa Clara County, Federal & State)		
C. PREFERENCE DUE TO HOUSING CHARACTERISTICS		(Y/N)	
	Resident of at-risk assisted unit (within five (5) years of Affordability expiration) (Contact Housing Division 408/730-7456 for verification)		
	Resident of BMR Rental Unit		
	Current or former resident of a housing or mobile home park lost due to redevelopment or conversion		
D. PREFERENCE DUE TO HOUSEHOLD CHARACTERISTICS		(Y/N)	
	Single parent household		
	Number of children under 12 (Please indicate number)		
	Chronically Ill Persons including those with HIV and mental illness		
	Disabled		
	Displaced teenage parents (or expectant teenage parents)		
	Homeless or at-risk of becoming homeless		
	Seniors (over 55 years old)		

VIII. CERTIFICATION OF APPLICANT(S)

Each applicant(s) must review the certifications and initial.

Co-
Applicant Applicant

I/WE UNDERSTAND THAT

_____ ANY AND ALL INFORMATION PROVIDED WILL BE USED TO DETERMINE
ELIGIBILITY FOR SUBSTANTIAL PUBLIC BENEFITS AND ANY AND ALL
INFORMATION CONTAINED IN THE RECORDS KEPT BY THE CITY CAN AND
WILL BE USED FOR MONITORING, AUDITING AND ESTABLISHING (MY/OUR)
ELIGIBILITY AND PRIORITY PREFERENCE FOR THE CITY OF SUNNYVALE'S
BELOW MARKET RATE RENTAL HOUSING PROGRAM; OTHERWISE THIS
INFORMATION IS CONFIDENTIAL.

_____ I/WE AM/ARE REQUIRED TO PROVIDE VERIFIABLE DOCUMENTATION TO
SUPPORT THE STATEMENTS MADE HEREIN.

_____ IF ANY OF STATEMENTS MADE ARE FALSE OR MISREPRESENTATIONS ON THIS
CERTIFICATIONFORM, I/WE WILL RELINQUISH ALL RIGHTS TO PARTICIPATE
IN THE BMR RENTAL AND HOME OWNERSHIP PROGRAM.

I/WE CERTIFY THAT

_____ THE INFORMATION PROVIDED IN THIS "BMR RENTAL ELIGIBILITY

_____ THE COMBINED HOUSEHOLD INCOME IS BELOW THE MAXIMUM HOUSEHOLD
INCOME FOR MY/OUR HOUSEHOLD SIZE.

_____ I/WE WILL OCCUPY THE BMR RENTAL UNIT AS PRIMARY RESIDENCE.

_____ I/WE MEET THE U.S. CITIZENSHIP OR LEGAL RESIDENDY REQUIREMENTS.

Applicant Signature *Date* *Co-Applicant Signature* *Date*

Print Full Name *Print Full Name*

(Signatures of all persons over the age of 18 years listed in Item 1 are required.)

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IX. APPLICATION FEE

(REQUIRED FOR APARTMENT COMPLEX EMPLOYEE APPLICANTS ONLY)

The non-refundable application fee in the amount of \$100.00, payable to the City of Sunnyvale, is attached in the following form:

_____ Personal Check Number: _____ _____ Cashier's Check Number: _____